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** CONTINUING DATA ***************************

This application is a CON of 09/686,190 10/10/2000 ABN which is a CON of 09/169,276 10/08/1998 ABN
which is a CIP of PCT/US98/12681 06/18/1998 *
which claims benefit of 60/050,342 06/20/1997
(*)Data provided by applicant is not consistent with PTO records.
*~ *which is a CON of 08/947,080 10/8/1997, P.N. 5,975,893*

** FOREIGN APPLICATIONS ********************
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/26/2004

Foreign Priority claimed ☐ yes ☑ no		STATE OR COUNTRY CA	SHEETS DRAWING 28	TOTAL CLAIMS 135	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met ☐ yes ☑ no ☐ Met after Allowance					
Verified and Acknowledged Examiner's Signature Initials					

ADDRESS
46718

TITLE

Computer automated development of an orthodontic treatment plan and appliance

FILING FEE RECEIVED 3442	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
		☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)
		☐ Other _____
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